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GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC  
OFFICE OF THE CHIEF SURGEON

APC 500  
7 November 1945

CIRCULAR LETTER )  
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NO . . . . 47 )

STATISTICAL HEALTH REPORT

Circular Letter No. 21, Hq. USARPA, Office of the Theater Surgeon, 1945, is rescinded.

I. General.

1. a. The Central Medical Records Office for reports, records and statistics of the Medical Department in the Pacific Areas is located in the Office of the Surgeon, United States Army Forces, Western Pacific, APC 707.

b. The Central Medical Records Office, as it deems necessary, will issue additional letter instructions to those contained herein, through technical medical channels regarding the maintenance, preparation and submission of periodical and special reports from all unit surgeons and surgeons of commands under the jurisdiction of the Chief Surgeon, United States Army Forces, Pacific.

c. The term "major commands" as used in this circular letter will be interpreted to mean: AFWESTPAC Bases and Commands, Sixth Army, Eighth Army, Twenty-fourth Corps, Far Eastern Air Forces, and AFPAC Special Troops.

d. The surgeons of the commands listed in par 1 c will consolidate the Statistical Health Report by AFWESTPAC within their respective commands, e.g., Australia, New Guinea and Islands, Philippine Islands, Ryukyu Islands, Korea, Kyushu, Honshu, Hokkaido, and Shikoku.

II. Statistical Health Report.

1. The Statistical Health Report will be prepared and submitted to the Central Medical Records Office in accordance with AR 40-1080, dated 10 December 1943 and changes thereto, and War Department Technical Bulletin No. 92, 1944, with certain modifications essential to this theater as contained herein.

2. To facilitate handling of these reports, the Statistical Health Report and the abbreviated Statistical Health Report will be classified as "Restricted", effective with the report submitted for the week ending 9 November 1945.

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3. A hospital will be designated by its usual number or name. A dispensary will be identified by number or name of the unit of which it is a part; a dispensary serving as such in its own right will be so designated. The geographical location and AFO of the unit will be stated; e.g., Ie Shima, AFO\_\_\_, Southern Kyushu, AFO\_\_\_.

4. a. The regular Statistical Health Report, WD MD Form 86 ab will be submitted by the medical officer in charge of every hospital and separate dispensary. A dispensary under the immediate administrative supervision of a hospital will not be regarded as a separate dispensary. The term "dispensary" is defined as any facility, other than a hospital, operated by a medical officer, contract surgeon or civilian physician for the purpose of providing medical care for Army personnel. Thus, every medical officer responsible for providing only primary, i.e., non-hospital care for the personnel of an Army organization will be considered to be operating a dispensary and consequently will be responsible for the preparation of the Statistical Health Report. The report will be forwarded within 36 hours from the end of the report period.

b. All hospitals and divisions will prepare the report in quadruplicate.

(1) The original and one copy will be forwarded through medical channels for consolidation in such administrative offices as directed by the surgeons of the major commands. The duplicate report of each hospital and division will be attached to the consolidated report of the major command to which the hospital or division is attached.

(2) One copy of each hospital report will be forwarded direct to the Central Medical Records Office within 36 hours from the end of the report period.

(3) One copy of each division report will be forwarded to the Central Medical Records Office within one (1) week from the end of the report period.

(4) One copy will be retained by each of the reporting units.

c. All other units attended by a medical officer will prepare reports in duplicate.

(1) The original will be forwarded through medical channels for consolidation in such administrative offices as may be directed by the surgeons of the major commands.

(2) One copy will be retained by the reporting unit.

5. The regular Consolidated Statistical Report will be forwarded to reach the Central Medical Records Office not later than three (3) weeks from the end of the report period. When the report of a unit is



received too late to be included in the consolidated report, this fact, along with the approximate strength of such units will be recorded under "Remarks" on an attached sheet. (See paragraph 6 a) A corrected consolidated report will be submitted when delinquent reports have been received. Since much of the value of the report is dependent upon its prompt submission, the responsible officer should take necessary action to assure its prompt rendition.

6. Line 38 "Remarks", continued on an attached sheet to the Statistical Health Report, will include the following:

a. Effective with the report submitted for the week ending 9 November 1945, each reporting unit will show nominal organizational listings, together with their reported or estimated mean strength, as follows:

(1) Reporting medical units (hospitals, medical installations acting as hospitals and separate dispensaries) will list the organizations included in their report.

(2) Major commands as defined in Section I, par 1 c above, or intermediate consolidating commands, will make three (3) separate listings of organizations as follows:

(a) Hospitals, medical installations acting as hospitals, and major organizational units, (corps, wings, separate battalions, and one composite entry for all other organizations) incorporated into the consolidated report currently rendered.

(b) Hospitals, medical installations acting as hospitals, and major organizational units not included in current report due to delayed reporting.

(c) Hospitals, medical installations acting as hospitals, and major organizational units not included in current report which have been relieved from assignment or attachment for medical care since the date of the previous report, stating the status of each organization.

b. Explanation of line 8 on Report Form "Transferred" will be shown as follows:

	Disease	Injury	Battle Casualty
Evacuated to U. S.	101	3	16
Transferred to AFMIDPAC	10	0	0
Transferred to BASE__	2	1	0

c. All other cases of ANOL or carded for venereal disease, disposed of under "Otherwise" in the Patients' Table, will be explained under "Remarks" as follows:

	Disease	Injury	Battle Casualty
ANOL	0	1	0

Carded for venereal disease 15



d. Each reporting unit will show a breakdown of the communicable disease cases reported under column 2 Part IX of the Statistical Health Report, according to major commands and principal geographical areas. In the case of the venereal diseases however, only "new" cases will be reported in this manner. The mean troop strength will be shown for each geographical area. The following two (2) examples are shown for guidance:

# BREAKDOWN OF CASES OF COMMUNICABLE DISEASES BY COMMAND

	AF VES PAC Base Trps	6th Army	8th Army	XXIV Corps	OBAS COM	GEN ED	Re- place- ment Comd	FEAF	14th AF	ATC	AF PAC Spec Trps	MP Comd	Others as Applic- able
Common Res- piratory Dis- eases, Influenza, Pneumonia primary atypical, Mening.Men- ingitis, Common Diarrheas, Bacillary dysentery, Amoebic dysentery, Typhoid fever, Plague, Dengue, Malaria, Scrub typhus, Schistosomiasis, Infectious hepatitis, Ac. Ant. Pol- iomyelitis, Gonorrhea, Syphilis, Other vener- eal diseases, Other dis- eases of epidemic proportions.													

BREAKDOWN OF TOTAL CASES OF COMMUNICABLE DISEASES  
BY PRINCIPAL AREAS WITH STRENGTH SHOWN FOR EACH AREA.

	Australia	New Guinea and Islands	Leyte	Luzon	Cebu	Min-doro	Min-danao	Other Philip-pine Islands
STRENGTH								
Common Res- piratory Dis- eases, Influenza, Pneumonia primary atypical, Mening.Men- ingitis, Common diarrheas, Bacillary dysentery, Amoebic dysentery, Typhoid fever, Flague, Dengue, Malaria, Scrub typhus, Schistoso- miasis, Infectious hepatitis, I.e. Ant. Pol- iomyelitis, Gonorrhea, Syphilis, Other veneral diseases, Other dis- eases of epidemic proportions.								



BREAKDOWN OF TOTAL CASES OF COMMUNICABLE DISEASES  
BY PRINCIPAL AREAS WITH STRENGTH SHOWN FOR EACH AREA

	Okinawa	Ie Shima	Korea	Honshu	Kyushu	Hokkaido	Shikoku	Others as Applic- able
STRENGTH								
Common Res- piratory Dis- eases, Influenza, Pneumonia primary atypical, Mening. Men- ingitis, Common diarrheas, Bacillary dysentery, Amoebic dysentery, Typhoid fever, Plague, Dengue, Malaria, Scrub typhus, Schistoso- miasis, Infectious hepatitis, Ac. Ant. Pol- iomyelitis, Gonorrhea, Syphilis, Other vener- eal diseases, Other dis- eases of epidemic proportions.								



7. Because of insufficient time to arrive at a correct diagnosis, neuropsychiatric and communicable disease cases transferred immediately to a hospital from non-hospital medical installations will not be reported by the transferring unit in either part III or part IX of the report form, but will be reported by the receiving unit, (hospital or medical installation acting as a hospital) as direct admissions under column 2 part III or column 2 part IX when a definite diagnosis has been made.

8. The Form WD MD 86 ab has been superseded by WD AGO Form 8-122. (see AR 40-1080, dated 28 August 1945) The Statistical Health Report will continue to be submitted on the old form WD MD 86 ab until such time as announced by this headquarters for discontinuance.

### III. Abbreviated Statistical Health Report.

1. a. The abbreviated Statistical Health Report will be rendered by hospitals and by installations acting as hospitals in two (2) parts and will include the following items which will be coded by using the capital letters, A, B, P, etc., shown below. Reports will not be delayed due to failure to receive the required information from isolated units, but the percent completeness of each incomplete item must be stated. Every effort will be made to secure prompt rendition of all items. Corrected reports covering items incompletely reported will be submitted as soon as the information becomes available.

b. Part I. (Abbreviated Statistical Health Report) The following items will be forwarded by radio or similar means of communication to the surgeon of the appropriate major commands listed in Section I, paragraph 1 c within 12 hours after the end of the report period:

A - Unit to which report pertains. (196 General Hospital)

B - Last day of report period. (15 June)

P - T/O bed capacity as follows: PA - T/O capacity of hospital units present in the theater (fixed 1,000, non-fixed 400, clearing station hospital 200), as applicable: PB - T/O capacity of hospital units operating (fixed 500, non-fixed 300, clearing station hospital 100). If none are operating the item will be shown as 0.

Q - Patients remaining in hospital as follows: QA - Patients in T/O fixed hospital units (U.S. Army 896, Prisoners of War 12, Others 96); QB - Patients in T/O non-fixed hospital units (U.S. Army 237, Prisoners of War 0, Others 0); QC - Patients in U.S. Army hospitals serving other than Army personnel (Prisoners of War 233, Others 266); QD - Patients in Clearing Station Hospitals (U.S. Army 96, Prisoners of War 6, Others 1).

c. Part II. (Abbreviated Statistical Health Report) The following items will be forwarded by radio or similar means of communication within 24 hours from the end of the report period to the surgeon of the major commands.



- A - Unit to which the report pertains.
- B - Last day of report period.
- D - Direct admissions to hospital plus transfers from non-hospital medical installations since last report (disease 526, non-battle injury 86, battle casualty 0).
- F - Dispositions to duty from hospital since last report:  
General Service: disease 262, non-battle injury 42, battle casualty 0. Limited Service: disease 58, non-battle injury 6, battle casualty 5. AMOL: disease 0, non-battle injury 1, battle casualty 1. Carded for record: disease 572. (see paragraph 3 h below)
- G - Evacuated to Zone of Interior since last report (disease 56, non-battle injury 10, battle casualty 16).
- J - Deaths in hospital since last report (disease 1, non-battle injury 2, battle casualty 3).
- L - Patients remaining in hospital on last day of report period (disease 284, non-battle injury 83, battle casualty 62).
- R - Percent of U.S. Army strength remaining in hospital on last day of report period (6.43) - to be computed only by the major commands.
- S - Number of cases of the following communicable diseases will be reported: common respiratory diseases, influenza, pneumonia primary (not atypical), pneumonia primary atypical, epidemic meningitis, malaria, scrub typhus, schistosomiasis, plague, dengue, typhoid fever, infectious hepatitis, bacillary dysentery, amoebic dysentery, poliomyelitis, gonorrhea, syphilis, and other venereal diseases.  
A negative report is desired if there are no cases.

2. The major commands will consolidate the abbreviated reports received in accordance with paragraph 1 a above and will forward them as follows:

a. Part I will be forwarded by radio to reach the Central Medical Records Office not later than three (3) days after the last day of the report period.

b. Part II will be forwarded by radio or other expeditious means of communication to reach Central Medical Records Office, not later than one (1) week after the last day of the report period. An information copy of Part II will be transmitted by radio or other expeditious means of communication to reach the Chief Surgeon, General Headquarters, United States Army Forces, Pacific, APO 500, not later than one (1) week after the last day of the report period.



c. Consolidated (radio) abbreviated reports from major commands to Central Medical Records Office, AFMESPAC, will show two (2) separate nominal lists of hospitals, and medical installations acting as hospitals, as follows: those included in the report submitted and those not included in the report submitted, with a statement as to whether or not the unit is operating.

3. The items in paragraph 1 above will be prepared in accordance with the provisions of AR 40-1080, dated 10 December 1943, and changes thereto, except as modified as below:

a. Items D, F, G, J, L, R and S, include U. S. Army personnel only. These items will include data for all U. S. Army personnel present in the theater for whom medical service is provided.

b. Item D will include all direct admissions to hospital (line 3, Form WD MD 86 ab) and all patients transferred to hospital from non-hospital medical installations such as a dispensary, aid station, or clearing station when not operating as a hospital.

c. Item G will include all persons actually evacuated to the United States.

d. Hospital units will be reported as fixed or non-fixed (Item P, Part I) in accordance with AR 40-1080, dated 10 December 1943, and changes thereto. Clearing station hospitals will be shown separately. Convalescent hospitals will be considered non-fixed hospitals. Field Hospitals will be considered to be fixed hospitals unless otherwise designated.

e. Hospital units operating (Item PB, Part I) are those which are actually ready to receive patients.

f. Hospitals for other than U. S. Army personnel are authorized units for the care of personnel such as prisoners of war, or civilians in occupied countries. (Item QC, Part I)

g. Whenever there is a separate authorization of hospital units for Allied personnel, Items P and Q, Part I, concerning such authorization will be reported separately.

h. "Disposition to duty from hospital since last report" is defined as including all final dispositions from hospital, except deaths and evacuations to the United States. Thus Item F will include dispositions to duty, personnel carded for record for venereal disease and personnel AWOL for more than ten (10) days.

i. Duty dispositions will continue to be reported separately as either "General Service" or "Limited Service" and within these categories, classified according to type of case. "General Service" duty dispositions will include all patients considered fit for general military service immediately upon discharge from the hospital. "Limited Service" duty disposition will include both



officer patients classified as limited service (temporary or permanent) by a disposition board and enlisted personnel who are considered fit for special assignment duties only.

#### IV. Special Telegraphic Reports.

1. Any communicable diseases occurring at a station or a command under the jurisdiction of United States Army Forces, Pacific, which are considered to be of threatening or epidemic proportions will be reported by the most expeditious means available to The Chief Surgeon, General Headquarters, United States Army Forces, Pacific, APO 500. Definite location of where such epidemics are occurring will be given in the report.

GUY B. DENIT

Brigadier General, U.S. Army  
Chief Surgeon

Distribution: B (MD)